



ENVIRONMENTAL SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
SPECIAL EVENTS PROGRAM
1001 NORTH CENTRAL AVENUE, SUITE 300
PHOENIX, AZ 85004
(602) 506-6978 FAX (602) 506-6862

FOR OFFICE USE ONLY
DATE PAID _____
AMT PAID _____
CHECK# _____
RECEIPT NUMBER _____

APPLICATION FOR TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT

Please return the completed application and \$60.00 permit fee per booth (Money Order OR AZ Checks only) to the Maricopa County Environmental Services Department (see address listed above) so it will arrive no later than 7 days before the event.

1. EVENT: _____
 2. LOCATION OF EVENT: _____
 3. DATES OF EVENT: _____ THROUGH _____ BEGIN TIME: _____ END TIME: _____
 4. EVENT COORDINATOR: Name: _____ Phone: _____
Address: _____
 5. YOUR ORGANIZATION/BUSINESS NAME: _____
 6. APPLICANT'S NAME: _____ W/PHONE: _____ H/PHONE: _____
 7. APPLICANT'S ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
 8. PREPARATION AND/OR PRE-COOKING OF ALL FOOD & DRINKS MUST TAKE PLACE IN A PERMITTED ESTABLISHMENT.
LOCATION OF ADVANCE PREPARATION: _____
MCESD OPERATING PERMIT # _____ DATE & TIME PREP BEGINS: _____ ENDS: _____
SITE CONTACT: _____ TITLE: _____ PHONE: _____
 9. ON THE BACK OF THIS FORM, LIST ALL FOOD & DRINK TO BE SERVED; ITEMS NOT LISTED WILL NOT BE ALLOWED TO BE SERVED.
 10. IS FOOD TRANSPORTED TO THE FOOD SERVICE SITE? ☐ YES ☐ NO
IF YES; WHAT IS THE DISTANCE? _____ TRANSPORT TIME? _____
HOW IS FOOD TO BE KEPT HOT OR COLD? _____
A FOOD THERMOMETER W/ A RANGE OF 0-200°F IS REQUIRED TO MONITOR TEMPERATURE.
 11. DESCRIBE EQUIPMENT TO BE USED AT THE EVENT FOR:
a) COLD HOLDING: _____
b) HOT HOLDING: _____
c) COOKING: _____
d) REHEATING: _____
 12. IDENTIFY WATER SOURCE: _____
WASTEWATER DISPOSAL METHOD: ☐ SEWER ☐ HOLDING TANK
 13. HANDWASHING FACILITIES INSIDE TEMPORARY FOOD SERVICE ESTABLISHMENT:
☐ PLUMBED SINK OR ☐ GRAVITY FLOW SET-UP * (See Below)
* CONSISTING OF: • 5 GALLONS OF HOT WATER IN AN INSULATED CONTAINER WITH A SPIGOT, • A CONTAINER FOR CATCHING THE WASTEWATER, • HANDSOAP IN A PUMP DISPENSER, • PAPER TOWELS
 14. UTENSIL WASHING FACILITIES: ☐ 3-COMPARTMENT SINK ☐ 3-CONTAINER SANITIZING SET-UP*
* Hot, Soapy Water • Clean, Potable Water • Sanitizer Solution - Required
 15. METHOD OF GARBAGE DISPOSAL: ☐ CANS OR: ☐ DUMPSTERS;
 16. RESTROOM FACILITIES AVAILABLE: ☐ CHEMICAL TOILETS AND/OR ☐ PUBLIC BUILDING
- I hereby consent to an inspection by the Maricopa County Environmental Services Department and acknowledge that issuance and retention of this temporary food service establishment permit is contingent upon satisfactory compliance with local temporary food service requirements.
- APPLICANT'S SIGNATURE _____ DATE: _____

